ATF

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

ENTERED

Date Stamp (Received) RECEIVED OCT 16 2017 Bayfield Co. Zoning Dept.

Permit #:	18-0010
Date:	1-24-18
Amount Paid:	
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → ☐ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☒ SPECIAL USE ☐ B.O.A. ☐ OTHER ____

Owner's Name:	Mailing Address:	City/State/Zip:	~~Telephone:~~ Cell Phone:
Start Line LLC	P.O. Box 334	Cable, WI 54821	(312) 363-9823 Elizabeth Mike Choate
Address of Property:	**City/State/Zip:**		
14795 McNaught Rd	Cable, WI 54821		(773) 991-5944
Contractor:	Contractor Phone:	Plumber:	Plumber Phone:
Mike Choate, Elizabeth Holland			
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip)	Written Authorization Attached
Michael Furtak (715)	817-2034	6173 Iron Lake Rd, Iron River, WI 54847	☒ Yes ☐ No

PROJECT LOCATION	Legal Description: (Use Tax Statement)	Tax ID# (4-5 digits)	Recorded Deed (i.e. # assigned by Register of Deeds) Document #: 2016 R- 565622

____1/4, ____1/4	Gov't Lot	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:
	S1/2	4	1095	7, 51			

Section 20, Township 43 N, Range 7 W	Town of: Cable	Lot Size	Acreage 5.11

☐ Shoreland →	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : ____ feet	Is Property in Floodplain Zone? ☐ Yes ☒ No	Are Wetlands Present? ☐ Yes ☒ No
	☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : ____ feet		
☒ Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
$ ____	☐ New Construction	☐ 1-Story	☐ Seasonal	☐ 1	☐ Municipal/City	☐ City
	☐ Addition/Alteration	☐ 1-Story + Loft	☒ Year Round	☒ 2	☐ (New) Sanitary Specify Type: ____	☒ Well
	☐ Conversion	☒ 2-Story	☐ ____	☐ 3	☒ Sanitary (Exists) Specify Type: Conv	☐ ____
	☐ Relocate (existing bldg)	☐ Basement		☐ ____	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	
	☒ Run a Business on Property	☐ No Basement		☐ None	☐ Portable (w/service contract)	
		☐ Foundation			☐ Compost Toilet	
	☒ ____	☐ ____			☐ None	

Existing Structure: (if permit being applied for is relevant to it)	Length: 44'	Width: 64'	Height: 24'
~~Proposed~~ Construction:	Length: 44'	Width: 64'	Height: 24'

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
	☐	Principal Structure (first structure on property)	(X)	
	☐	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
☒ Residential Use		with a Porch	(X)	
		with (2nd) Porch	(X)	
		with a Deck	(X)	
		with (2nd) Deck	(X)	
☒ Commercial Use		with Attached Garage	(X)	
	☐	Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or ☐ cooking & food prep facilities)	(X)	
	☐	Mobile Home (manufactured date) ____	(X)	
	☐	Addition/Alteration (specify) ____	(X)	
☐ Municipal Use	☐	Accessory Building (specify) ____	(X)	
	☐	Accessory Building Addition/Alteration (specify) ____	(X)	
	☒	Special Use: (explain) Home Based Busines	(X)	
	☐	Conditional Use: (explain) ____	(X)	
	☐	Other: (explain) ____	(X)	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by **Bayfield County** in determining whether to issue a permit. I (we) further accept liability which may be a result of **Bayfield County** relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): ____ Date 10-15-2017

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: Michael Furtak Date ____

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit P.O. Box 334, Cable, WI 54821
Start Line LLC

Attach Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

SENT BY ZONING

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

...e box below: **Draw or Sketch your Property** (regardless of what you are applying for)

(1)	**Show Location of:**	**Proposed Construction**
(2)	Show / Indicate:	**North** (N) on Plot Plan
(3)	Show Location of (*):	(*) **Driveway** and (*) **Frontage Road** (Name Frontage Road)
(4)	Show:	All **Existing Structures** on your Property
(5)	Show:	(*) **Well** (W); (*) **Septic Tank** (ST); (*) **Drain Field** (DF); (*) **Holding Tank** (HT) and/or (*) **Privy** (P)
(6)	Show any (*):	(*) **Lake;** (*) **River**; (*) **Stream/Creek;** or (*) **Pond**
(7)	Show any (*):	(*) **Wetlands;** or (*) **Slopes over 20%**

See attached aerial map

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) **Setbacks:** (measured to the closest point)

Description	Measurement		Description	Measurement	
Setback from the **Centerline of Platted Road**	365	Feet	Setback from the **Lake** (ordinary high-water mark)	NA	Feet
Setback from the **Established Right-of-Way**	332	Feet	Setback from the **River, Stream, Creek**	NA	Feet
			Setback from the **Bank or Bluff**	NA	Feet
Setback from the **North** Lot Line	72	Feet			
Setback from the **South** Lot Line	193	Feet	Setback from **Wetland**	NA	Feet
Setback from the **West** Lot Line	282	Feet	**20% Slope Area on property**	☐ Yes	☒ No
Setback from the **East** Lot Line	305	Feet	Elevation of **Floodplain**	NA	Feet
Setback to **Septic Tank** or **Holding Tank**		Feet	Setback to **Well**		Feet
Setback to **Drain Field**		Feet			
Setback to **Privy** (Portable, Composting)	NA	Feet			

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) **Stake or Mark Proposed Location(s)** of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)

Sanitary Number: | # of bedrooms: | Sanitary Date:

Permit Denied (Date): | Reason for Denial:

Permit #: 18-0010 | Permit Date: 1-24-18

Is Parcel a Sub-Standard Lot	☐ Yes (Deed of Record) _____	☒ No	Mitigation Required	☐ Yes ☒ No	Affidavit Required	☐ Yes ☒ No
Is Parcel in Common Ownership	☐ Yes (Fused/Contiguous Lot(s))	☒ No	Mitigation Attached	☐ Yes ☒ No	Affidavit Attached	☐ Yes ☒ No
Is Structure Non-Conforming	☐ Yes _____	☒ No				

Granted by Variance (B.O.A.) ☐ Yes ☒ No Case #:

Previously Granted by Variance (B.O.A.) ☒ Yes ☐ No Case #: Dec 21, 2017

Was Parcel Legally Created ☒ Yes ☐ No _____
Was Proposed Building Site Delineated ☒ Yes ☐ No _____

Were Property Lines Represented by Owner ☒ Yes _____ ☐ No
Was Property Surveyed ☐ Yes _____ ☒ No

Inspection Record:

Zoning District (RRB)
Lakes Classification (NA)

Date of Inspection: 10/2/17 | Inspected by: [signature] | Date of Re-Inspection:

Condition(s): Town, Committee or Board Conditions Attached? ☐ Yes ☐ No – (If No they need to be attached.)

Home-based business applies only to current owner.
Activity is restricted 75% of current structure identified

Signature of Inspector: [signature] | Date of Approval: 1/24/18

Hold For Sanitary: ☐ _____ | Hold For TBA: ☐ _____ | Hold For Affidavit: ☐ _____ | Hold For Fees: ☐ _____ | ☐ _____

SENT BY ZONING

® October 2016

RECEIVED
MAY 18 2000
Bayfield Co. Zoning Dept.

VOL. 7 OF CSM PAGE 51-52

457713

Otto Korpela
REGISTER OF DEEDS

Pd. 12.00

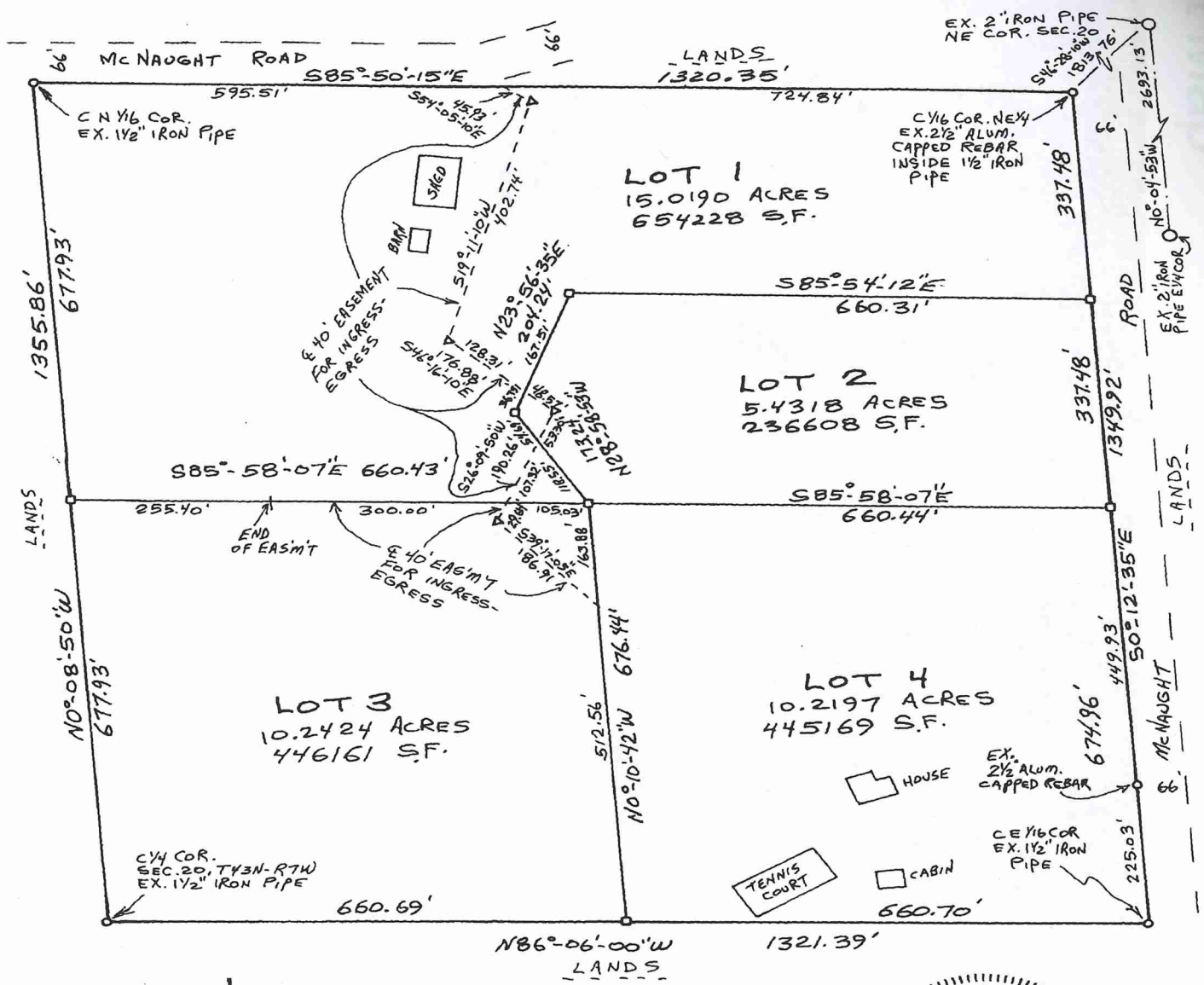
APEX
SURVEYING
P.O. BOX 603 HAYWARD, WI 54843

2000 JUN 16 AM 10 46
REGISTER'S OFFICE/S.S.
BAYFIELD COUNTY, WIS.

BAYFIELD COUNTY CERTIFIED SURVEY MAP #1095

LOCATED IN THE SW¼-NE¼, SECTION 20, T43N-R7W,
TOWN OF CABLE, BAYFIELD, COUNTY, WISCONSIN.

SHEET 1 OF 2



EAST LINE NE¼ ASSUMED TO BEAR N0°-04'-53"W

SCALE 1" = 200'

0 100 200
FEET

▷ = EXISTING RAILROAD SPIKE

□ = SET 5/8" X 24" SQ. IRON BAR WT. 1.33#/FT.

CLIENT: LOREN KELLER
PROJ. No. 0017

WISCONSIN
FREDERIC W. ZIETLOW
S-922
Hayward Wis.
LAND SURVEYOR

Frederic W. Zietlow
MAY 17, 2000

SENT BY ZONING

City, Village, State or Federal
Permits May Also Be Required

LAND USE – **X**
SANITARY –
SIGN –
SPECIAL – **Class B**
CONDITIONAL –
BOA –

BAYFIELD COUNTY
PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No. **18-0010** Issued To: **Start Line Inn LLC / Mike Furtak, Agent**

Location: - ¼ of - ¼ Section **20** Township **43** N. Range **7** W. Town of **Cable**

S ½ of
Gov't Lot Lot **4** Block Subdivision CSM# **1095**

For: **Residential Other: [2- Story; Home-based Business (Bicycle repair, accessories and sales, cross country ski repair, accessories and sales, massage therapy, yoga classes)]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): This home-based business applies ONLY to the current owners. Conducted by a member of the family within his/her place of residence, where the space is incidental to residential use, where the floor area does not exceed twenty-five percent (25%) of the total floor space or seventy-five (75%) of the floor space of an accessory structure and shall not employ more than one (1) nonresident employee.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler
Authorized Issuing Official

January 24, 2018
Date